AMENDMENTS TO THE CLAIMS

Please original cancel claims 1-20 without prejudice and add the following new claims 21-33.

1. – 20. (Canceled)

21. (New) A method improving reproducibility of insulin delivered by inhalation, comprising:

measuring a patient's glucose level;

aerosolizing a formulation comprising monomeric insulin;

inhaling the aerosolized formulation into the lungs of the patient in a manner which allows aerosolized particles of the insulin to deposit on the lung tissue; and

repeating the measuring, aerosolizing, inhaling in a manner so as to maintain the patient's glucose level in a desired range.

22. (New) The method of claim 21, wherein the monomeric insulin is insulin lispro.

23. (New) The method of claim 21, wherein each aerosolizing is carried out to create an aerosolized dose containing substantially the same amount of insulin.

24. (New) The method of claim 21, wherein the inhaling is repeated with different inhaled volumes of air.

25. (New) The method of claim 21, further comprising:

orally administering a sulfonylurea drug to the patient.

26. (New) The method of claim 25, wherein the sulfonylurea drug is chosen from acetohexamide, chlorpropamide, tolazamide, tolbutamide, glipzide and glyburide.

27. (New) The method of claim 25, wherein the monomeric insulin is insulin lispro.

28. (New) The method of claim 21, further comprising:

heating air surrounding the aerosolized formulation.

29. (New) The method of claim 21, wherein the aerosolized particles have a diameter in the range of about 1.0 to about 4.0 microns.

30. (New) The method of claim 29, wherein the formulations is aerosolizing by being forced through a porous membrane from a disposable container.

31. (New) The method of claim 21, wherein the formulation is a liquid formulation comprised of a pharmaceutically acceptable carrier and insulin lispro and is present in a disposable container comprising a porous membrane; and

wherein pores of the porous membrane have a cross-sectional configuration with a small end opening of 0.25 to 6.0 microns in diameter and a large end opening of 2.0 to 20 times the diameter of the small end.

32. (New) A method of claim 21, further comprising:

measuring the inhaled volume of air; and

providing a signal when the inhaled volume of reaches 65% or more of lung capacity of the lungs of the inhaling patient.

33. (New) The method of claim 32, where the signal is provided when the inhaled volume reaches 80% more of lung capacity of the lungs of the inhaling patient.